Image# 12950660587 PAGE 1/1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS (number and street) Suite 1510 CITY, STATE, and ZIP CODE Dayton OH 45402-1603 2. NAME OF CANDIDATE Rep. Michael R Turner No. This is a NEW FILINO FULL NAME, MAILING ADDRESS AND ZIP CODE B. FULL NAME, MAILING ADDRESS AND ZIP CODE C. FULL NAME, MAILING ADDRESS AND ZIP CODE D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF COMMITTEE IN FULL Citizens for Turner]	
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